

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 6.

MARCH 1st, 1940.

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VERBAL THRIFT

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Well, there it was. An abbreviation, perpetrated admittedly for hundreds of years, had so grown into popular usage that people were beginning to quibble about its spelling. The least that this new trend showed was a degree of recognition that it was an abbreviation. In this JOURNAL—we must confess—and in many other writings over a long period of time, the "slang" nature of the word has often been completely forgotten. To have a "nickname" is said to be a sign of popularity, and the fact that those trained in this Hospital are known as "Bart.'s men" anywhere where they are known at all is conceivably a measure of the esteem in which the world holds them.

But for individuals to be known singly or collectively by a term of familiarity is a very different thing from a universal loose use of the name of the Hospital which begat them. When we approached people in high positions about this question of spelling, very few, it appeared, had ever considered the matter at all. Someone said: "Well, if you shorten 'Charles,' it has to be 'Chas.'!" That simple remark seemed to cast just the right light on the absurdity of the whole affair. It conjured up in the mind the blasphemous picture of our Patron Saint on the shores of the Sea of Galilee being addressed by his colleagues as "Bart." And so he may well have been.

We can be certain that Saint Bartholomew had many friends and no doubt they liked him well. But it seems incredible that we of this generation, nearly two thousand years later, should be breezily familiar with the name of our founder. Unless it be that we have ceased to associate our founder with the name of the Hospital at all. . . .

When Rahere had his vision, "full at once of terror and sweetness," he says:

"Then saw I one beside me of great beauty and majesty, who said: 'I am Bartholomew, an Apostle of Jesus Christ, who am come to help thee. By the will of Heaven, I have chosen a spot at Smithfield in London where in my name thou shalt found a Church. . . .'"

I think we can be quite sure that even Rahere in answering did not address him as "Bart."

Saint Bartholomew's is a name ringing with ancient reverence and mellow sanctity: "Bart.'s," standing by itself, is a word easily mistaken for a game most usually played in public-houses and which, when spoken in the presence of the slightly deaf, is often interpreted as an inland watering-place in the West of England. . . . This, we are told, is an age of speed in which time must be saved in all things and at all costs. "Think" (I can hear an American say), "of the time saved in using a snappy monosyllable in place of two long and tedious words—almost a whole second every time the name is mentioned. If spoken by various people six thousand times in one day, it means that a hundred minutes, or one hour and forty minutes, could be saved per day—in fact, a whole twenty-four hours a month!"

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It may be that the time is not far off when languages evolved through countless centuries will be largely replaced by collections of letters and monosyllables. Ultimately the power of speech may revert entirely to a series of grunts. We may consider ourselves fortunate that so far this practice of verbal mutilation and amputation has not seeped too deeply into the life of the Hospital. Even at this time we have committed no enormities like "W.A.T.s" and "F.A.N.Y.s," which are products of war-hysterical femininity, although a clerk in Medical Out-Patients was recently heard to speak of the "Abdo." We perpetually insult one of our greatest historical figures by speaking of the room to which he has given his name as the "A.R.," though as yet no one has called the Abernethian Society the "A.S." We hear of the "L.I.F.C.U."

holding frequent "P.M.s," and somebody recently wrote after his name on a notice-board the legend "A.R.P.O."—a relic of the early war period when men wandered about Saint Bartholomew's wearing intimate details of their titles and activities—fully abbreviated—on their sleeves. There was a certain "Chief Ass." who used to address his House Surgeon as "Doc.," with the result that his House Surgeon used to address his students as "Doc." and they in their turn—try as they would—used to find grave difficulty in avoiding the use of the term in addressing everybody they met—including their patients.

We can count ourselves particularly lucky in one thing: the names of most of the members of our Senior Staff are far too monosyllabic to be shortened in any way by the wildest stretch of imagination.

OBITUARY

DR. SINCLAIR GILLIES.

We regret to announce the death, in Sydney, of Dr. Sinclair Gillies, a former Bart.'s man, and one whose brilliance and ability made him renowned throughout Australia.

Dr. Gillies was born in New Zealand, and received his medical training at Saint Bartholomew's, where he showed early promise by winning a Brackenbury Scholarship. After nine years' residence in England, he left to take up a practice in Sydney, where he was soon appointed to the honorary staff of the Royal Prince Alfred Hospital, from which he finally retired in 1929 as an honorary consultant.

His interests in the realms of Medicine were manifold. The establishment of the Australian Trained Nurses' Association owes much to his work, while to him fell the great task of taking charge of the soldiers invalided home on account of tuberculosis in the Great War.

It is perhaps as a teacher that he achieved his greatest work, in which he tried to impart the methods by which he had been trained in London, and by his death the University of Sydney loses one who played a great part in bringing the teaching there to its present high standard.

DR. G. C. GARRATT.

By the death of Dr. George Campbell Garratt on Thursday, February 8th, the city of Chichester and the country for miles around have lost a great and valued Physician. He came to Chichester in 1905 in succession to the late Dr. Harlock, of Summersdale Lodge, who died after a few days' illness.

He took the B.A. degree at Cambridge University with a Natural Science Tripos and, proceeding to St. Bartholomew's Hospital, he again had a most distinguished career, obtaining a Kirke Scholarship and Gold Medal. He took the M.D. degree of his University and subsequently became House Physician to the Sibyll Duckworth Hospital and also House Physician to the Royal Hospital for Diseases of the Chest, after which he was a Medical Officer of the London Fever Hospital for some five years, where he did most valuable original work in the treatment of diphtheria which is now of universal use.

Dr. Garratt became the first Visiting Physician to Aldingbourne Sanatorium and also to Graylingwell Hospital. In 1910 he was elected Physician to the Royal West Sussex Hospital, which position he held until a breakdown in his health caused him to resign in 1931, when he was elected Consulting Physician to the Hospital, and retired from active practice. His kindness, and the trouble he took with his patients, especially the poor, gained him a reputation any doctor might well be proud of.

A DICTATOR'S DOWNFALL

By SIR WALTER LANGDON-BROWN, M.D., F.R.C.P.

NOT long ago I stood by the broken bridge at Avignon. The scene inevitably recalled to my mind the rise and fall of a scarcely remembered dictator, who was true to type.

The Middle Ages that enriched so many cities with splendid architecture left no such legacy to Rome, so great was the turmoil and misery then prevailing there. Indeed only one domestic building remains of that date, the one miscalled the House of Rienzi on the banks of the Tiber, hard by the restored Temple of Fortuna Virilis. Born in 1313 Cola di Rienzi, like so many dictators, was of the humblest origin, the son of an inn-keeper and a washerwoman, who however strove to give him a good education. He saturated himself in the classics and became filled with a sense of the violent contrast between the glorious past and the miserable present of the Eternal City; a misery that had been enhanced by the flight of the Popes to Avignon. A city without trade or merchandise, mediæval Rome depended almost entirely for existence on the ecclesiastical system. Rienzi was no mean orator and he was selected as one of a deputation sent from Rome to Avignon to urge Pope Clement VI. to return. Though he failed in his main mission he gained two things—a well-paid post as apostolic notary, and still more important, the friendship of Petrarch, who reinforced the fiery oratory of Rienzi with his skilful pen.

There is no doubt that at the outset Rienzi like many of his kind was filled with good intentions. The dual conception of the eternal sovereignty of Rome and St. Augustine's Civitas Dei seemed to fuse in his heated brain into an ideal "good estate" which he proclaimed with Messianic fervour to be near at hand. With a passion for the theatrical which besets the usurper of great authority he made triumphal processions in extraordinary and magnificent attire, so that he was looked upon contemptuously as a buffoon by ruling families such as the Colonna who were, until it was too late, merely amused by his threats and predictions.

Nevertheless his *putsch* triumphed. Surrounded by a hundred conspirators he emerged from the Church of St. Angelo clad in complete armour to proclaim the re-establishment of the good estate, and marched to

the Capitol. The populace entranced by the sudden way in which he overthrew the power of the nobles would have conferred on him any title he desired, but he selected the ancient and modest one of Tribune, whose office it was to protect the common folk. Neither he nor they knew that in olden days the Tribune of the people had no legislative or executive functions. That the early days of his rule produced order out of chaos there can be no doubt. In Gibbon's stately phrase, "A den of robbers was converted to the discipline of a camp or convent; patient to hear, swift to redress, inexorable to punish, his tribunal was always accessible to the poor and stranger; nor could birth or dignity or the immunities of the Church protect the offender or his accomplices." By judicious economy and checking corruption he financed public defence, established granaries and provided allowances for widows and orphans. Yet it all ended in disaster for, as Lord Baldwin once said, "none of us is good or wise enough to be a dictator." Having acquired command at home the dictator always sighs like Alexander for fresh worlds to conquer. In that direction Rienzi's first idea was peaceful enough—to unite Italy into a great federal republic. But soon unbridled power went to his head and his lack of balanced judgment appeared together with ostentatious vanity.

It has been said that the letter in which he justified his extraordinary treatment of the Colonnas displays a mixture of the knave and the madman. He rode to the Lateran in state and shocked even his own supporters by bathing there in Constantine's great porphyry bath, sanctified in popular esteem by a famous though false legend. He summoned the Pope from Avignon and kings from Bohemia and Bavaria, together with all the Electors of the Emperor, to his judgment seat in Rome. But just as Glendower could summon spirits from the vasty deep, the question remained, would they come? They did not. All attempts to check this mad career failed, civil war broke out in which for a time he was successful, but when it was renewed his courage suddenly failed and he tearfully abdicated.

Yet after an exile of seven years he returned from a lenient imprisonment at Avignon, because the new pope, Innocent VI.,

was persuaded that he alone could control the anarchy then prevalent in Rome. But the power of his magic had evaporated, and a short administration of four months ended in a revolt in which he was isolated in the Capitol. A curious mixture of heroism and cowardice, in his last hours the former prevailed. He must have presented a strange and tragic spectacle when, dragged on to the platform of the palace, he stood, silent, half naked and half dead, striving again to hypnotise the mob that once acclaimed him. All in vain; he fell stabbed by a thousand wounds, and his body thrown to the dogs. When the claimant to divine honours fails, his dupes wreak savage vengeance.

Such men are often at the mercy of myth and legend. Is it fanciful to think that a legend of Frederick Barbarossa is playing its part to-day? Lord Bryce tells us that far up among the limestone crags that frown over Berchtesgaden in a spot scarcely accessible to human foot, the peasants used to point out to the traveller the black mouth of a cavern and tell him that within Barbarossa lies amid his knights in an enchanted sleep, waiting for the hour to descend and bring back to Germany the age of strength and unity.

"Sur le pont d'Avignon tout le monde y danse" in the grip of fierce blasts of the Mistral. To-day the nations watch the dance of death on the broken bridge of good faith.

OUR CANDID CAMERA



"No it's not my dressing-gown."

CHILBLAINS

Pathology — Prophylaxis — Treatment

By R. M. NOORDIN, M.R.C.S., L.R.C.P.

Introduction

The winter months never fail to bring to the general practitioner a host of minor seasonal maladies of which probably chilblains are the commonest. Advertisement columns devote a considerable amount of space to remedies, and the general public are invariably assured of sudden and "easy cures." Such remedies are mainly local measures, and it is difficult to conceive immediate relief from their application.

While admitting the condition to be a minor ailment, one cannot help noticing how slight is the literature at the disposal of the medical profession. Little is written of the pathology of the lesion; most textbooks on general pathology limit themselves to a paragraph, yet the condition is extremely distressing and even limits the usefulness of persons in their work. In order fully to discuss the lesion, a glance at its pathology is desirable.

Pathology

Chilblains are essentially lesions of the capillary circulation. The lesion is multiple and appears to be restricted to the extremities, fingers, toes, ears and even the ala nasi.

In the case of the lower extremity the legs are often involved, the back of the leg becoming invaded. Typically the lesion commences with an area of indurated erythema. The affected part is tense, red and extremely tender if struck or knocked accidentally. The pulp of the finger is seldom affected; the lesion is usually over the dorsum of the finger or side of the hand. Occasionally the lesion appears over the inter-phalangeal joint. When the back of the leg is affected the condition usually spreads from the heel. The dorsum of the foot may also be involved, although the lesion here has a characteristic bluish appearance that is lacking in the case of the toes.

Cold appears to be the stimulus and the lesion appears after exposure.

Boyd (1) attributes the condition to be common in wet and cold climates and hardly ever seen in dry cold. Further, he describes the cause as repeated "light freezing." The latter expression would be better

qualified if the words "prolonged light freezing" were substituted. In other words, the stimulus should be of fair duration and not sudden and slight. Were this not so, then it would be possible to produce chilblains in summer weather by lightly freezing either of the extremities. For example, one cannot produce the lesion by immersing the hand in a refrigerator during summer months because the stimulus (cold) is not sufficiently prolonged even though the temperature in the refrigerator has a lower level than the average winter's day. The moment the stimulus is withdrawn and the hand is placed in normal temperature, the circulation is natural and the lesion is not produced.

Further, during summer it is possible for the feet and fingers to be as chilled as they are on a winter's day. This can be proved if one attempts sea-bathing on a cold and wet summer's day. But the cold is insufficient to produce the lesion.

Briefly, it may be said that the length of the cold determines the production of the lesion. Thus chilblains are seldom seen before October or after April.

As there are no post-mortem findings to guide one, there must be purely speculative assumption on the pathology of the chilblain.

The condition is explained by an arteriolar constriction or spasm due to cold and a capillary dilatation later followed by an interruption in the venous return by constriction of the venules.

Macleod (2) describes "dilatation of the vessels in the corium and of the smaller vessels of the hypoderm with extravasation of leucocytes." Edema and even bullae follow. Lymph stasis would appear to be a factor also. The so-called "broken chilblain" occurs in the final stage of capillary dilatation when the wall of the capillary ruptures through pressure. Finally observation has shown that the condition is associated with calcium deficiency.

Treatment

Prophylactic

The treatment should be directed against the stimulus, i.e., the cold. Patients should guard against really cold extremities. To

this end, lined gloves, thick shoes with pad of felt for inner sole and warm stockings should be started directly autumnal weather arrives. Patients should wash in warm water, but never in really hot water, especially if hands and feet have been cold previous to washing.

About September a course of six injections of Colloidal calcium with Vitamin D should be commenced at three-day intervals. As the condition is associated with vitamin deficiency, cod liver oil or halibut liver oil can be given.

Some authorities associate the condition with anæmia and even T.B. Roxburgh (3) quotes both anæmia and tuberculosis as predisposing causes. Indeed, the appearance of the lesion when spreading up the leg does resemble a tuberculide—vide Bazin's disease.

McKenna (4) states "chilblains depend upon a tuberculous focus, and in some cases this is true." At any rate, the lesson to be learned from the foregoing is that attention should be paid to general health, appetite and nutrition. Diet should include fat, cream, malt, sugar and starchy foods. Attempts to find an intestinal focus of sepsis for the condition have been instituted, but in the writer's experience such attempts invariably fail and chilblain sufferers do not generally give a history of alimentary irregularities.

Active Treatment

During the winter a severe attack of chilblains should be treated on general lines.

Attempts to relieve irritation and swelling by local measures are often disappointing. Exception may be made, however, for hot hypertonic saline baths into which the extremities should be plunged. There is often a degree of relief after such measures.

Severe cases (in which the backs of the legs are invaded and the feet so swollen that walking is a torment) should be put to bed. An injection of 1 c.c. colloidal calcium should be given and repeated at daily intervals. No bandage should be applied, and the affected part improves in the warm even temperature of bed. At the end of the first day it will be seen that the fingers and toes are blue but skin is wrinkled, suggesting that all œdema has disappeared. The swelling and blueness should have disappeared after 48 hours and the patient allowed up, but injections should be continued till six in all have been given. Before going into the cold again, circulation should be assisted by brisk massage and rubbing of fingers and toes, and patient should start out warm and endeavour to keep so by exercise. The injections may be then continued at weekly intervals till a further six have been given.

Bibliography

- (1) BOYD. "Textbook of Pathology."
- (2) MACLEOD. "Diseases of Skin," pp. 2, 6.
- (3) ROXBURGH. "Common Skin Diseases," p. 62.
- (4) MCKENNA. "Diseases of Skin," p. 223.

THE PSYCHO-ANALYST

I POSSESS a sumptuous sanctum
Where I smoothe my lofty brow,
While I ponder on grave questions
Of the why and when and how.

A secretary guards me
In my esoteric state,
A nurse controls the patients
And a butler guards the gate.

And when at last a seeker
Is admitted past the pale,
I solve the phallic mysteries,
I pierce the virgin's veil.

I display a classic learning
Before which my patients bend;
I talk about Narcissus
Not as flower but as friend.

I have twisted to base uses
Even ancient tragedies.
Oedipus I've made a complex
(Pardon me, Euripides)

Thuswise, erudite and lofty,
I discourse of this and that,
Of symbols and of psyches—
Did you murmur "Thro' his hat"?
E. M. A.

"SAFETY FIRST"

By LINDSEY W. BATTEN.

I THINK it was in September, 1917, on a fortnight's leave, between the abortive attack on the Belgian coast when the Germans—like the horse in the tale of the horse-ball—blew first, and the Passchendaele show, that I first saw this phrase. It was on that iron lozenge which concealed the legs of the conductor of a bus seen from behind, and, as intended, it caught my eye. I stared, puzzled. Taken seriously it made no sense, but perhaps it was the name of a play or just a joke or a piece of bitter irony designed to make the coward bold. When I got home I asked about it and was told it meant don't kill yourself by carelessness, or "look before you leap"—quite blameless and even useful pieces of advice. I was partly relieved but still further puzzled, because it *said* so very much more, and I could not understand why no one laughed at it. But no one did, even in war-time, and it spread until it confronted you on every road in the countryside, boasted a Society of its own and was publicly adopted by a Prime Minister as a principle of national policy. And still no one either laughed or hooted.

That it failed in its first object of preventing slaughter on the roads will scarcely be denied. Drivers put, at best, speed or sporting with Amaryllis at the wheel much higher than safety in their scale of values, and cyclists and foot-goers replied in kind; year in, year out the great god "Motor Car" enjoyed and still enjoys his daily hecatombs. It may well be that the slaughter would have been still greater without this motto, but it would take some hardihood to assert that as a life-preserver it has been a success. In a field where it might have been adopted at something approaching its face value it has not been adopted at all.

But in many other directions, and not least in Medicine, it has sunk in so thoroughly and been accepted so readily as an ideal or as almost a truism that it seems time to submit it to critical inspection.

Its acceptance is a surprising phenomenon. It can claim no support from any philosophy or religion. It is alien alike to the spirit of the Old Testament and the

New, to the teaching of Mahomet and of the Buddha; Stoics and Epicureans would equally reject it, and though the "nothing to excess" of the Greeks and the "aurea mediocritas" of Horace have a sort of kinship with it, they are scarcely more than second cousins once or twice removed, and a good Roman or a good Greek would both have despised it. Still more would our own Elizabethans, and, indeed, I do not believe it would have been allowed to appear in public in this country many years before it did in fact hatch out. Englishmen of the late nineteenth century would, I am quite sure, have despised and mocked it, and it receives no sanction from modern psychology.

Nature perhaps gives it a sort of support as a motto for the beasts that perish. The timid rabbit is as successful as the bold sparrow. But animals which in the course of evolution have gone all out for safety, like the tortoise, the hedgehog or the leaf-imitating insects, cut a poorish figure among their fellows and are very far from replenishing the earth and subduing it; in any case, it seems almost certain that the power to take deliberate risks is, in the main a human privilege without which Man could never have attained his present dominance in the animal world.

"But," one may say, "this is a practical age. Religions are out of date and so are philosophies, save perhaps pragmatism. The thing is 'does it work?'" Well, does it? No doubt it has its provinces. As a maxim for use in crossing the road it is really impeccable, and when we contemplate medical or surgical interference—especially if the patient be not very ill—it is at least worth hearing as a whisper in the ear before we decide to begin; but as a principle applied by the individual to the conduct of life, by the statesman to national or international policy, and by doctor and citizen to the preservation of health I submit that it is quite disastrous. And the sad thing is that it is so applied. Thousands of children are brought up on the principle of "no risks"—real or imagined—and many of them grow up into the no-risk adult (or alleged adult) so com-

mon in our consulting rooms and not uncommon even in hospitals. This unfortunate is afraid of almost everything with which he has to do and with which a healthy man must be on terms of friendship. He fears the air he breathes, the food he eats, the sun, the wind, the rain, heat, cold and mist; he dreads "overwork," "strain" and "shock" and is constantly distrustful of the workings of all his principal organs. No doubt he has always existed, but has his attitude of mind always been so terribly respectable? Have his fears been always only a slight exaggeration of the accepted beliefs of most of his fellow-citizens who describe him sympathetically as "rather nervous" and reserve their disapproval for the risk-taking citizen who has been known to go out in the dark without a coat, not to change his shoes when they were damp, to plunge into the surf within an hour of eating or to dine in a house in which there was measles? New or old, it is a sad state of mind but exceedingly prevalent.

Our laws and bye-laws are deeply impregnated with the same doctrine. The one thing the citizen must be protected against is physical injury or the supposedly calamitous and permanent effects of some unpleasant experience—and woe to him by whose unwitting negligence the offence cometh. The wicked hospital on whose polished board-room floor lies a mat ready to slip under the foot of the unwary visitor, the wicked Corporation whose tram driver bumps a hearse, rocks the coffin and shocks the sensibilities (so curiously termed "nerves" or "nervous systems") of the sorrowing relatives, are mulcted in handsome damages, and woe betide the rash employer of a man marked down by Fate for a coronary thrombosis or the Borough Council on whose swings or in whose paddling pool some adventurous child breaks a wrist or cuts a foot or from whose unmutated tree a branch falls in a gale on the head of a passer-by.

Why couldn't they be more careful? Safety First.

The present international scene is almost too sore an affair to touch, but is it not abundantly clear that this and other democracies are paying now in full measure for the pusillanimous prudence of the last twenty years and still are loth to learn? As to London in the last six months, were ever such vast and costly sacrifices heaped

upon the altars of the god of safety by any city or nation before? Lives, of course, by the thousand, and livelihoods as many, good customs and ancient traditions, family life, work, the practice of the arts, research, education, hills (kept sacred from the builder but now grubbed up and thrust into sand-bags and the trees upon them thrown into the pits), wild animals in the Zoo, radium and cultured microbes in the laboratories, dignities, amenities, freedoms—all sorts of things, some small but many precious and irreplaceable, have been destroyed, neglected or pushed out of sight with, as it seems, hardly a thought or a tear, as though nothing counted but saving our skins from the potential risk of bombs. Of course, the balance sheet cannot yet be made out, but at the moment of writing the sums on the debit side are immense, while the credit side is almost blank. A very large sum of lives-saved-by-precautions will have to be shown if the account is ever to be squared. So far, the trick goes to Hitler.

But if we deplore, as surely many of us must, the precautionary excesses of the last few months—the boast of 200,000 empty beds (how many emptied)—the paralysis of our great hospitals and medical schools, the openly tuberculous returned to their homes, the schools prepared for the reception of "contaminated men" or half-filled, as it is rumoured, with coffins for the potential dead but emptied of their children, who roam the streets forlorn; the solemn carrying of gas-hats in remote country villages or little Cornish coves, the flight from "residential districts" on the outskirts of London (already well provided with costly dug-outs under the rock-garden) to any comfortable town deemed to be safer; if we deplore all this and wonder uncomfortably whether a most unpleasant-looking war can really be sustained and carried to victory in such unwarlike fashion and whether, in our efforts to preserve our skins, we shall not lose everything better worth preserving, should we not inquire into the springs of this unworthy caution and ask if as a profession we are not reaping where we have sown? Are we, perhaps, if not the chief priests, yet among the leading and most effective apostles of this pernicious creed?

It is a pretty safe assumption that the fearful, timid or over-cautious adult,

whether he transmutes his fears into a neurosis or practises them as a private citizen or as one in authority, learnt his attitude to life in childhood. Often enough his mother has taught him his fears, sometimes his father, and all too often behind the timid parent stands the doctor, lending the weight of his authority to every shirking of a risk, to every retreat from adventure coming down with monotonous regularity on the side* of safety and very rarely even suggesting that another side exists. Is it not true that from infancy onwards our fellow-citizens hear us preach the wisdom of fear, the necessity for caution, the vital importance of watching for the earliest signs of danger? Do we not support the unhappy shrinker from life along the inglorious path on which we have helped to set his feet, relieving him even of the burden of decision and giving to fear and its manifestations a respectability and dignity which perhaps Medicine alone has the power to confer? Just lately in the matter of "shell-shock" we have indeed cried "peccavi"; whether we have learned wisdom even in this matter remains to be seen. When war begins and we encounter fear in fancy dress at home and abroad, shall we, even among ourselves, be brave enough to call it fear or shall we coin new nicknames for it as before?

But to return to civil life in peace and to the child. We begin, perhaps, with a circumcision "to avoid possible trouble in the future"; we go on to support every proposal for avoiding contact with the infectious fevers of childhood at a considerable cost in terms of school-days, social contacts, convivial occasions, courage and good-neighbourliness, although we know well enough that we are laying up trouble for the future and that to enter public school or adult life with no acquired immunity is good neither for the individual nor for the community which he joins. If we succeeded in inducing any large proportion of our fellow-citizens to face the ordeal of immunisation against diphtheria, our attitude to chicken-pox might be more pardonable. But in this we notoriously fail.

With our eyes fixed on the organic integrity of the heart and its valves, we put it about on the slenderest of clinical evidence that limb pains in children are tantamount to active rheumatic infection and that fidgets are an early stage of chorea, if not

chorea itself; that in a child with limb pains or fidgets the heart is in danger but that with constant observation and prolonged curtailment of activity we can probably preserve it intact. Except on the basis of "safety first," not one of these propositions would be accepted as proved or indeed as more than extremely doubtful, but on that basis they are preached and acted upon until they are accepted as certain fact by large numbers of parents, teachers and others responsible for the care of children. A vast amount of curtailment of work, play, freedom and adventure among children results, and some doubt at least is cast upon the soundness of an enormous number of young hearts, most of them perfectly healthy. Unquestionably some lives and some hearts are saved, but has anyone ever counted the cost in terms of spoiled childhood, anxiety, invalidism, cardiac neuroses and, once more, diminution of the common store of courage? No one has and no one can. But may it not fairly be said that there is less doubt about the debit than about the credit side of this account?

The young adult we leave comparatively alone, though we have instilled a very effective fear of childbirth by campaigns against "maternal mortality and morbidity," but by middle age the cancer fear begins in good earnest and continues until death. Cancer fear is reasonable enough, as fear goes, but is it not we, rather than the disease itself, who, by half unveiling the dimly seen spectre, have imbued it with such a terror that not one patient in ten will call it by its name? It is quite certain that with cancer, as with tuberculosis, we have failed to give our public any clear picture of the disease, what it is and how it begins; yet we have said enough to scare them profoundly, and all in the name of safety.

Worst of all, we are caught in our own net. We have made ourselves the apostles of safety and we dare be nothing else. Indeed, it is almost impossible. Only at great risk to ourselves can we preach courage to our patients. Sometimes we do boldly tell them that they are quite well, and occasionally we are thanked; sometimes, greatly daring, we tell them (like Mr. Belloc's famous physicians) that "there is no cure for this disease," and for this too we are sometimes thanked, but more often our courage fails. We too play for

safety, and one more vicious circle is complete. That it must be broken somehow, that courage must be restored to its place among the eternal values and "safety first"

be buried with ignominy if anything worth calling health is to prevail is surely obvious. Perhaps war, which breaks so much, will break this circle too.

MY FRIEND BINDLEBINE

As you may, or may not, have gathered, my friend Bindlebine, for a member of the laity, is more than ordinarily interested in the manners and customs, more especially in the manners, of our Great and Venerable Institution. Bindle is nothing if not a stickler for what he is pleased to call "The small and not altogether to be despised courtesies of this otherwise savage existence."

Well, this little anecdote concerns one of Bindle's researches, and came about on this wise. We were sitting in a certain underground haunt (which may, in fact must, remain nameless), sipping our coffee after a lunch which Bindle had admirably summed up as one of the less essential horrors of war, considering going to a motion picture entertainment, when I suddenly thought of asking if Bindle would care to go on a Ward Round instead.

In less time than it takes a ganglion to recur we were sitting peacefully in a Surgical Ward harkening to the wise dicta of a Great Man, and Bindlebine was respecting our ancient customs by dozing peacefully at the back. When suddenly—and the drama of this was intense—the Great Man stopped his discourse and said:

"I'd like you all to have a look at this case."

Bindle was rudely awoken by being nearly knocked off his seat to perceive about thirty specimens of "Hearty Young British Manhood" hurling themselves across the room like hellhounds unleashed.

Poor Bindle, he murmured something about "not having paid, and therefore not

wanting to fight for his pound of patient's-flesh," and strolled over to the scrum. Knowing better, I stood clear and caught him as he was flung back by a peripheral outpost of pundits. These had made a rather slower dash than their brethren, who were even now bandying pithy remarks as to the prognosis of the patient's carcinoma over her cowering head.

This series of events quite shook the poor fellow, and Bindlebine sat dumbfounded until the very end of the round, when the Great Man made the inevitable final remark:

"Are there any questions?"

"What is Erythrocyanosis crurum puel-larum Frigida, sir?" came like a thunderbolt from the right-hand end of the front row.

"I haven't the faintest idea," said the Great Man. "What is it, anyway?"

The "question asker" then gave a concise outline of the condition and smiled triumphantly. I felt Bindle shudder with rage and shame, and a hoarse whisper said,

"What in the name of seventeen fiends did he want to ask that for?"

"To show that he knew it," I said. "Appears to be the done thing these days."

"Oh," said Bindle, "I see."

I was glad that the conversation at tea centred around extra-hospital matters, and that the irreproachable guest's only comment was in praise of the Great Man's self-control.

CORTEZ.

FURTHER EXTRACTS FROM Dr. HEBERDEN'S "COMMENTARIES ON DISEASE" *

OF GOUT.

IT can hardly be reckoned one of the disadvantages of the gout, that after destroying all the comforts of living, by this weight of misery, or by bringing on a palsy or apoplexy, it immaturesly extinguishes the power of life. Yet people are neither ashamed, nor afraid of it; but are rather ambitious of supposing that every complaint arises from a gouty cause, and support themselves with the hopes that they shall one day have the gout, and use variety of means for this purpose, which happily for them are generally ineffectual.

Various distempers in certain ages and countries have had the fashion on their side, and have been thought reputable and desirable; others, on the contrary, have been reckoned scandalous and dreadful; not from any circumstance belonging to the distempers themselves, or to the manner in which they are contracted, but from some prejudice or fancy not easily to be accounted for. Epilepsies seem to have been held in particular abomination by the ancient Romans; and ruptures both with them and with the moderns, have been attended with as an unmerited shame. Some maladies have been esteemed honourable, because they have accidentally attacked the great, or because they usually belong to the wealthy, who live in plenty and ease. We have all heard of the courtiers who mimicked the wry neck of Alexander the Great; and when Louis XIV. happened to have a fistula, the French surgeons of that time complain of their being incessantly teased by people, who pretended whatever their complaints were, that they proceeded from a fistula: and if there had been in France a mineral water reputed capable of giving it them, they would perhaps have flocked thither as eagerly as Englishmen resort to Bath in order to get the gout.

The itch is supposed to be wholesome in some countries, where it is endemial; and an ague has been considered as a minister whose presence and stay ought by all means to be courted. These opinions are now exploded pretty generally in England; and I hope the time will come, when a specific for the gout,

as certain as those which have been discovered for these two disorders, will ascertain the equal safety and advantage of immediately stopping its career and preventing its return.

. . . I remember a person who for fifteen years had every year a return of gout; and during all that time he was troubled with an asthma at length the health became ruined, and the constitution utterly broken; and it was remarkable that during the five years in which he continued languishing before he died, he suffered neither gout nor asthma.

But let the producing or maturing of a suppressed or unformed gout be ever so advantageous, still all physicians must allow the criteria of it to be very obscure, and that there are none by which we can know, and I think hardly any which give us ground to suspect this disease, where there is no pain, nor redness, nor swelling in the first joint of the great toe, or in any other part of the foot, and where the person never had the gout, nor has any hereditary right to it. Yet, notwithstanding the absence of all these circumstances, it is not uncommon to see it charged with being the cause of almost every beginning chronic disease, and of some acute ones.

The most perfect cures of which I have been a witness, have been brought about by a total abstinence from spirits, and wine, and flesh; which in two or three instances hath restored the helpless and miserable patients from a state worse than death, to active and comfortable life; but I have seen too few examples of the success of this method, to be confident or satisfied of its general utility.

The great Dr. Harvey, as I have been told by some of his relations, upon the first approach of gouty pains in his foot, would instantly put them off by plunging the leg into a pail of cold water. . . . I do not recommend Dr. Harvey's example as proper to be imitated, though it is known he lived to a good old age.

* "Commentaries on Disease," by William Heberden, born 1710, died 1801.

OF ASTHMAS.

Emetics not infrequently procure easy breathing; but cathartics are so very seldom useful, as scarcely to deserve being tried. A large spoonful of mustard-seed taken every morning has been successful in keeping the fits off; and so crude quicksilver, and cinnabar, are said to have been; and yet a course of mercurial ointment has several times brought on a difficulty of breathing. . . . Opium is a powerful remedy in some asthmas, when all other means have failed; is it not useful in all?

If we consider the long intervals of breathing with perfect freedom, which this distemper frequently allows, and likewise the nature of many of its remedies, and that

it will be caused by sleep, grief, anger, terror, joy, or a fit of laughter, it must seem probable that, besides various other causes of an asthma, it is in many instances owing to some disturbance of those functions which are attributed to the nerves.

AURIUM MORBI.

In consequence of a violent blow upon the head or ear, I have two or three times been the witness to a copious discharge of water from the ear, either clear or lightly tinged with blood, especially on holding the head down: by the account of one of these patients there came not less than a pint every day; but this must have been by conjecture, for it could not easily have been measured. Whence did this come?

EXCERPTS

WITH THE R.A.F.

Tall and distinguished in appearance, witty and cultivated in conversation, Mr. Keynes combines surgery with art and literature.

Evening Standard.

* * *

NOW WE KNOW .

Both German measles and influenza are termed virus diseases—virus being a vague term used for the poison which causes a disease when it is not known whether or not bacteria are present.

Daily Paper.

* * *

PSYCHOLOGICAL CASE.

Came up to Hospital to see Mr. Stallard. Saw Mr. Scott. Next thing she knew was she was in bed.

House-Physician's Note

FORENSIC MEDICINE.

"You have performed an autopsy?" asked the coroner.

"Yes."

"What did you find?"

"I found the blood much engorged and brilliant in colour. . . ."

Serial story from the Daily Express.

* * *

SICKNESS WITH PAY.

Patients with disseminated sclerosis are given frequent remittances.

Heard on a Ward Round.

* * *

ELECTROCARDIOGRAMS.

Under certain conditions you may get a premature P after T.

Heard on a Ward Round.

CATERING CURIOSITY

or

The Ham-and-Egg Anomaly

It is well known that on Sunday mornings those students who reside in the West Wing receive, for breakfast, the choice of cold ham or boiled egg, which they receive "on the house," on the distinct understanding that any extra food is procured at their own expense. A student one morning decided to have a boiled egg, and, thinking that cold ham with it would be a Good Thing, ordered it, receiving in due course the ham and a bill for 10d., which was the price of cold ham on the menu. Another

student, however, ordered cold ham and, also struck by the appeal of Ham-and-Egg, ordered a boiled egg, which arrived after the customary delay, accompanied by a bill for 4d.

The only observations we have to make are:

(a) The first student was a "sucker" if he paid his bill; and

(b) Ham-and-Egg is a much less extravagant luxury than Egg-and-Ham.

SEA PATROL 1918

By SURGEON PROBATIONER, R.N.V.R.

WE had commissioned a new destroyer at Greenock and, passing Ailsa Craig late in the afternoon, had the Start abeam at breakfast the next morning; a prodigious speed, but we were wanted urgently at our base. We refuelled at Portsmouth, threaded our way carefully through the Downs, then through the shallows at the mouth of the Thames to reach home. The ship's company consisted of men who had belonged to a destroyer which had been mined a few weeks before. The old hands were a superb collection of men. The boatswain was a great character, one of the bravest men I have ever met, a worthy successor of Nelson's petty officers. He was full of impish humour and reduced unruly members of the lower deck to total subjection by his gentle sarcasm and wit. The captain and the gunner were tough, very tough indeed, but both were good officers. The other officers were excellent companions. The new ship was much admired at our base, for she belonged to the new S class, with a long high forecastle. The weather was fine and sunny, and, having reported to the Surgeon Commander and received additional medical stores, I looked forward to a more comfortable duty than that of convoying in the Bay of Biscay from which I had been transferred.

But the work was different, as I was soon to learn. There is all the difference in the world between the risk of being torpedoed or hitting an occasional mine and belonging to a crack attacking squadron of destroyers. We were sent out on patrol the first night we arrived at our base. The crew were at action stations, and to get to the bridge I had to crawl with much indignity beneath the torpedo tubes.

On the bridge the captain was trying to light a cigarette under black-out conditions while cursing the cook—a mild-mannered man who had been a chef of some distinction before the War—for allowing his galley to eject sparks. Suddenly the destroyer leader flickered a signal. It was from Captain D., who was out himself looking for trouble. I remember even now what the message was: "Prospects to-night are very good. On sighting the enemy we will close as close

as possible. I will make for the leader and try to ram her. Others must follow me and do the same in turn." I thought of Midshipman Easy and the Marriott novels. I felt most unhappy. Perhaps personal safety was the first consideration, but I was awed by my own incompetence to deal with large casualties, and I wanted above all things to be allowed to take a station behind a gun. But I was ordered to the stokehold to see a stoker who had collapsed. Curiously enough, I had never visited a stokehold before. The short skirts of my monkey jacket blew upwards as I made the descent, and I suppose now that my journey was perilous, for the ship was rolling heavily, and but for a firm grip on the ladder I might easily have been thrown into the depths of the stokehold below. The stoker was collapsed and there were vague reports from his mates that he had hit his head by falling during the violent rolling of the ship. He seemed to me to be suffering from acute neurasthenia, but it was difficult to examine him properly, and I had awful thoughts as to the correct procedure to deal with a fractured base in a destroyer's stokehold. We carried him up the ladder on a stretcher and tried to make him more comfortable in the stokers' messroom. One of the crew confirmed my diagnosis, I remember. He was a raw cockney—very raw, in fact—but I was thankful at the time for his encouragement. The stoker had been in the "Concord" stoking his fire when the ship had been mined. I sympathised with him and returned to the bridge. The weather was becoming worse, but we were now off the Dutch coast and we could see lights in the houses on the seashore. After a time I felt sleepy and returned to the Wardroom, where I had my bed on the Wardroom settee. One of the magazines was underneath the Wardroom, and the seaman in charge was fast asleep on the bare boards. A curious fellow this. Shakespeare says, "Weariness snores upon a flint." This fellow made a habit of it. On another trip we went into action and the action bell rang—it is true it was a very mild affair—but the action bell rang and this fellow still slept. He was very annoyed with me when I woke him up and hesitatingly told him that I believed we were at action.

The nearest approach to death I have ever had was during one of these night patrols. We were at action stations, and I was on the after bandstand with the midshipman, partly to keep him company, but also to be near the Wardroom in case I felt tired. The ship turned suddenly and the deck tilted to an angle of nearly 40 degrees. I slipped, and saved myself with my fingers alone by holding the armoured sheeting of the after gun.

As the night advanced the weather got worse, but we saw no German destroyers. With the dawn we saw the floating mines through which we had patrolled during the night, and most of us thanked God that we

had been spared. We turned homeward, and the weather got worse and worse. The short waves of the North Sea were a new experience for me. At anything above 12 knots they were most uncomfortable, and the Engineer retired to his bunk. He was a very sick man, and he asked for my help. He was vomiting most terribly and was almost collapsed. His Chief Artificer was with him, and what help I could give I gave willingly and with sympathy, but I realise now that I could have done better. On deck there was bustling vitality and laughter. The cold darkness of the night had gone. In many ways it seemed a pity that we were returning home.

A LETTER FROM A POLISH REFUGEE

I THANK you very much for your letter—the first one I got after the war. You can't imagine how how terrible this war was for our family. . . . I saw the first German 'planes in Katowice where I have been working in an office. Then I came away with a car to Krakow to meet my mother who was staying with her family. We spent two days in Krakow but as the Germans has approached the town we thought it dangerous and we took a cargo car and left Krakow in the night. After 15 hours of a very tiresome journey we arrived at last to my aunt who has a "farme" in the country. Unfortunately we have been obliged to start again for a further journey as the little town was bombed all this time and it has not remain very much of it. We took a cargo train in the night as the night was the only time when it was quiet. But this time it was not like that. In spite of the darkness nine bombs fell not very far from our train—you can imagine what an awfull feeling and to look and listen to all this people in panic. Maybe once when peace will reign in the world I will tell you all I have past. I know too little English to be able to describe all this. Anyhow we have been lying during many days in the forests—sleeping without taking off our closes and we have been obliged to walk many miles because we have not got any other sorts of locomotion. Trains, cars and even carriages has been too dangerous. We stoped at last in a small town not far from Lwow and we lived there during five weeks. I have been working as a nurse in

a kind of Hospital. It was like terrible dream—we got houndreds and houndreds of wounded and no doctors, no medecines, no instruments and worst of all no food. We had a doctor for I think one week—he was a refugee too—and it was a bit better with him. They did not die in such quantities. He made operations in the bed without narcotics and without instruments—he used the cisors only. What do you think of such primitive methods of medicine? We have been occupied by the Germans—then we have seen during two weeks the bolscheviks and at the end the Germans came back. After three months of such life we left Germany—it was very difficult but anyhow we did it. Now we are here but my poor father is in Lwow under the Bolscheviks and not allowed to come home back. My brother—I think you know him—is arrested in Russia. As you see this war was terrible for us—but still God was good for us as other people in Poland suffer much more, specially those people who remain there. One thing which is our strength—we believe in the Victory. Justice must win. They are people in Poland who losed their families, their country and all their fortune.

I am going in the nearest future to France where I want to marry a Polish officer who is now in the Polish Army.

My dear —, that is very nice you thought of me during this sade times for Poland. . . .

Cernauti,
Rumania.

THE ANECDOTAL PLANE

"The essential point of the ability to converse is the discovery of some line on which there is, for the moment at any rate, a harmonious unity of endeavour between all the parties to the conversation."—BLIGH.

HAVING learned by experience, I took immediate advantage of the momentary conversational truce between the Pseudo-eminent Surgeon and the Truly Minor Doctor. I had just come in, by invitation, to share their tea.

"My aunt," I said hurriedly, "is a most remarkable woman: she has a kettle that whistles and—"

"D'you remember Taylor, R.M.O. of the Putney L.C.C.?" said the Pseudo-eminent with a "silence please" in his eyes which nystagged between me and the Minor Doctor. "An odd sort of chap; I did a locum with him when Jordan got suspended for a month ("No, I don't," belatedly said the Truly Minor in harmony); he'd got a week in jug and old Taylor had to take some notice of it or the Council 'd have jumped on him. Quite a decent old top, but he couldn't stick being run by a Council. They had him up once when I was there on an intussusception he said was b.n.o.r.; it was sent in by a woman doctor, and old Taylor was from Edinburgh and couldn't stick them. He sent it back to her, it was a kid, and he was kept so shorthanded he'd had to see it himself, and it died on the way back from the blasted woman again. He just told the Council—"

"Who," I asked intelligently, "was —"

"—he was abominably understaffed: he got away with it and they . . ."

This, I thought, is all awfully rude, because I've been invited to tea. And I know what happens next. The Truly Minor Doctor gets anecdotal.

"D'you remember Fitch, probably before your time," said the Truly Minor Doctor avidly and agilely seizing the fraction of a second for which the Pseudo-eminent silently gazed at us both to see whether we'd altered at all during his reminiscence. "I worked under him—"

I lacked the Minor Doctor's skill in seizing fractions of seconds. My reaction-time was greater, too. But at the earliest moment at which I was capable of resaying my say, I said hurriedly, "My aunt has a kettle that whistles and—"

"I remember a time when . . .," went on the Truly Minor, and his eyes, in their turn, nystagged to and fro.

This, I thought, is what always happens. It's that blithering anecdotal plane again, and it'll go on for hours. It could even go on for days, and it's jolly bad for my ego. I am pregnant, overdue, with an extremely interesting fact which could be conducive to a discussion *à trois* on both Physics and Metaphysics: and it's very bad for my ego to be conversationally suppressed in this way.

Then I had an idea of scintillating brilliance.

". . . and I got the sack for it," the Truly Minor Doctor ended, "but everyone agreed that Fitch should have gone."

"I REMEMBER," said I, enthusiastically squeezing into the tiny breach, "my aunt who had a kettle that whistled and—"

"When I was at the Brompton with Percival," said the Pseudo-eminent, looking at me wistfully and sadly as he shouted me down, "I . . ."

I swallowed. I tried to look at it without animus, dispassionately. Blatantly and deliberately the man had cheated—although I had conformed to the rules.

I bitterly thought: "to talk" is recognised throughout the Empire as an intransitive verb: what right had the Pseudo-eminent to monkey with his and my mother-tongue and make the verb transitive by using myself as the direct object? I looked at his face: he had heavy dewlaps like a bloodhound: his Adam's apple bobbed up and down infuriatingly. He was gross and cacaphonous, nothing but a voice.

" . . . was broadminded," concluded the Pseudo-eminent.

" We had a radiologist once when I was at . . .," began the Minor Doctor while I was saying, " My aunt has a whistling kettle and— "

" . . . and he and I," he went on, " . . . "

Broadbehinded, not broadminded, I thought furiously as I peeped between the Pseudo-eminent's legs to see why I was beginning to freeze: the fire was still burning warmly behind him. A suit like that is bound to be adiathermanous, I thought,

basing my vocabulary on the first M.B. and its concomitant knowledge; that led me to Physics, to Metaphysics and to my Extremely Interesting Fact. I glowered: and I snarled—aloud.

The Minor Doctor halted in his tracks. He was small and tintinnabulous; he had the other half of the fire. " What? " he asked, and they both looked at me with stationary querying eyes.

" Oh, it's quite all right," I said, and hysteria held me fast. " I have no aunts: none at all: not a single one. And as for whistling kettles . . . "

CORRESPONDENCE

THE LIBRARY

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

I have just laid down my February Journal, which contained many good things.

The article which attracted most attention was the article by the Librarian on our Hospital Library. I am very grateful to Mr. Thornton for his lucid account of our wonderful storehouse of literature.

Unhappily, as he infers, the library is most crowded in the few months prior to exams., and there are few opportunities to delve into the rich mine of the past.

May I pay my tribute to the improvement made by our new librarian? The new magazine covers, reference shelves on the central table, and other innovations are appreciated by many. Might I suggest that Journals from our sister Hospitals be at the disposal of readers?

I cannot close without a reference to that well-known figure, Mr. Coughtrey, who retired last year after a long spell of devoted service to our hospital. He was a real link with the past, and will be missed by a large number of students, past and present.

I am, Sir,
Yours faithfully,

J. B. GURNEY-SMITH.

St. Bartholomew's Hospital,
E.C.1.

WASTED ENERGY

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

Ref. your notice of the increased cost of publishing the Bart.'s Journal, I think the right thing to do is to publish it quarterly during the war. That will suffice for it to accomplish its main purpose of keeping Bart.'s men in touch with each other, and you will save money and the energy of many, including yourself, which money and energy will be better devoted to other purposes during this time.

Yours truly,
H. H. KING,
Lt.-Colonel, R.A.M.C.

Fairlawn,
Beaconsfield.

(Letters for the April issue should be received not later than Friday, March 15th.)

April Issue. Contributions for the April issue should be received at the JOURNAL office not later than Thursday, March 14th. The literary apathy among students of the Hospital, not one out of six hundred of whom will write for his own JOURNAL except under extreme pressure, is still a regrettable state.

CAMBRIDGE NEWS

THE suggestion made by a recent correspondent that Bart.'s men in residence in Cambridge are aping undergraduate ways is so ill-founded that it scarcely deserves a reply. In case, however, any readers should have felt disturbed upon reading it, they will be glad to know that their fears are groundless. The Medi-

cal College, is, as it always has been and always will be, a complete and very independent unit. Up here Bart.'s men mix very little with the undergraduates, not because there is any bad feeling between them, but because they are members of two separate bodies, and a mere shifting of quarters does not alter the fact.

The outstanding event of the term has been a dance given by the Students' Union at the Dorothy Café. Eight hundred people were present, and the fact that this is a record number for a Cambridge dance was a tribute to the good name of the Hospital, to the organising abilities of the promoter, M. A. C. Dowling, and to the untiring efforts of his helpers, notably J. T. Marcroft.

Term ends for the majority of students on March 8th, although a small proportion are staying on until the 20th. The summer term commences on April 3rd.

ATHLETIC CLUB

Secretary: M. A. C. Dowling.

Committee:

L. G. Lloyd, M. S. Hughes, H. G. Middleton.
(Officers elected November 10th, 1939.)

Since Cambridge A.C. hold athletic meetings during the Michaelmas term, Bart.'s decided to do the same. On November 17th Dowling won Cambridge open handicap high jump. On Saturday, November 25th, a match was held against combined Queens' and Pembroke. Bart.'s was joined to London Hospital, whose one competitor, C. J. Foord, was a great asset to the team. Our team was overwhelming in field, but weak in track events. We led until the last event—440—and finished the match four points behind our opponents. On December 2nd we added two gentlemen from Queen Mary College to our team, and called ourselves (rather ambitiously, perhaps) London University. Our new opponents were Cambridge

University. Foord won the pole vault and was second in discus, javelin, weight putting; Dowling won high jump, long jump and hop, step and jump, third in hurdles.

No activity this term so far owing to snow.

RUGGER

Rugger this term at Cambridge has so far been impossible. We were to play with Corpus Christi in a League against other Colleges, but all these had to be cancelled. However, we still hope to play with them in the "Cuppers," which are due to start next week, February 19th.

ASSOCIATION FOOTBALL

... Unlike the Finnish war communiqués, but somewhat reminiscent of the French communiqués, there is "nothing to report" on the activities of the Club this term. In fact, the Club has been completely inactive on account of snow deluges and frozen grounds. Fixtures have been arranged for every Wednesday and Saturday afternoons, but up to now not one game has been played. It is hoped that a start will be made on Saturday, February 17th, when we shall be opposing our fellow-evacuees—London Hospital.

R. L. O.

PRECLINICAL HOCKEY

Activity this month has been confined to the systematic cancelling of fixtures. Once or twice we dared to go so far as putting up teams, but since this is not a very entertaining pastime *per se*, we are just waiting—and hoping.

BOAT CLUB

The Boat Club, despite "teething trouble," is now settling down well. VIII's are going out regularly, and it is hoped that an VIII will be entered for the Lent Races.

ROUND AND ABOUT HILL END

THE climatic conditions of the past month have significantly cooled the ardour of some of our somewhat hotter bloods at Hill End and reduced them to the state of mind which demands a modification of activities. This transition has brought many off the roads on to the ice, and instead of the nightly strolls which some have been wont to indulge in, they have been observed chasing each other with lamb-like frolic over the ice. This we know must warm them up, and one wonders, after all, if this increased metabolic activity isn't purposeful and a pawn in the game for even longer promenades in the moonlight after the skating is done. Some, it is regrettable to state, aren't quite so successful on the ice as others; in fact, these more unfortunates have a pathetic story to relate if only they would relate it, for they have been known to take the ice with their heart's desire and return on the homeward track with only the desire and an increased metabolic rate—a vicious circle. One

is apt to speculate on the reason for this change of heart, but the minutest scrutiny into the personalities concerned has revealed little save that "Woman is fickle" (his own words, I believe) and "He can do two figures-of-eight whilst I can only do one." We know that Woman is impressed by Man's attributes and skill, so we advise further practice, even if he doesn't appear for a week, until that cherished one figure-of-eight has expanded into a blessed three—then perhaps he will be able to laugh at competition and pour scorn on his adversary with a deft flick of his muscular and agile limbs.

Since the theme so far has been canalised along the lines of disappointment, we might do well to complete the sad picture before painting a more beautiful one of life "round and about" Hill End. Life is full of shocks and surprises, and only those people who have experienced them can really sympathise with others who have

"BART'S IN HERTS" REVUE



been similarly dealt with by Fates' cruel indiscriminating blows—for instance, what greater shock can a man sustain than that of arriving down to breakfast one morning and finding on opening his morning paper that the person who has made his life so happy during the past few weeks has pledged her troth to another? The gentleness and sweetness of his soul no longer exists, and instead of that smile which has adorned his face and been at the service of every living thing, he develops quite naturally a scowl and a disdain even for the kipper which lies before him. "Even a kipper," he thinks, "had a soul before it was brought to Hill End; but a Woman!—what has she?"

A brighter side of life out here does exist, however, and some have found it in Folk Dancing. Fate has again played her

hand in bringing the right partners together so that meetings have been arranged between them to discuss Folk Dancing every night of the week since it first started—it is natural that the more intricate steps have to be discussed.

A word should be added about the League of Health and Beauty which has been organised at Hill End. Although no male spectators are allowed in the Hall when the "bobbing" and oscillatory movements of the "middle" are in progress, yet some have dared to risk an eye—with striking results, for one intrepid explorer, after witnessing two "bobs," one forwards and the other backwards, nearly had his eye gouged out with a menacing finger and the skin shorn off his nose with a quickly closing door. Still, such is the price that one must pay for experience.

SPORTS NEWS

EDITORIAL

The month of February has in the matter of Sports News been even more barren than January: One 1st XV Rugby match against Oxford, an "A" XV game which had best be relegated forthwith to "never-to-be-recalled subconscious," and one successful game of Hockey, which seems to be the only game retaining more than a semblance of its former standard. Ice, snow and intermittent thaws have made other games impossible both here and at Cambridge, while the indoor games are suffering from the lack either of participants or of opponents. However, a certain stirring in the young blood of the Hospital has been noticed lately, and this is always a sure sign of approaching Spring; unfortunately, this coming year may bring developments which will force us to qualify our pleasure at feeling once again the warmth of the sun. So perhaps we had best cry halt to further speculation.

RUGBY FOOTBALL CLUB

v. Oxford University Greyhounds. Lost 3—20.

This game was played at Chislehurst on February 10th. Owing to illness and the call of the Services, the Bart.'s side was sadly depleted.

McAfee kicked off for Bart.'s, and the forwards, ably led by Hall, took the ball into the Greyhounds' "twenty-five." Play for the next quarter-of-an-hour was confined to the opponents' half of the field, our forwards making some very effective rushes on to the Greyhounds' line. As a result of one of these rushes a scrum formed outside the 25-yard line, the ball came quickly out, Kingston throwing a long pass to McAfee, who passed to Evans, who sold a beautiful dummy to his opposite number, beat the full back and scored far out. He missed the kick.

After this, things went badly for Bart.'s, the passing of the three-quarters was bad and the forwards were sluggish, and as a result for the remainder of the half the Greyhounds were consistently in the Bart.'s twenty-five, and their efforts were rewarded by a goal, and a very pretty dropped goal.

Starting the second half six points down, Bart.'s could not get going, many good movements being spoilt by bad passing. The forwards did quite well, but apart from Hall and Graham they very quickly tired. The Greyhounds scored a goal very early on and followed this by two quick tries before the game ended with the score at 20 points to 3.

In general it must be said that if Bart.'s had taken advantage of their many opportunities the score would have been very different. But since none of the players had had any rugby during the previous two months, there is slight excuse for the apparent lackadaisical manner shown by most of the team.

HOCKEY CLUB

The fixtures with University College Hospital, Wallington, and The Tramps had to be cancelled owing to Arctic weather conditions.

v. Hill End Hospital. Won 2—1.

On February 10th, after seven weeks of enforced idleness, we went down to St. Albans to play Hill End Hospital. Plum pudding and Christmas excess could not be held entirely responsible for some of the contortions which certain members of the team performed in their efforts to control the ball! Hill End scored first with a good shot by J. Fison from a corner. Bart.'s settled down to play quite well, and T.W.C. Roberts equalised with a good shot which surprised him as much as anyone! The sphere of action was then centred round S. R. Hewitt, who treated us to a fine display of unrehearsed acrobatics in which he nearly brained himself on a wood seat! In spite of all this activity the ball could not be coaxed into either goal. At half-time the score was 1—1. In the second half Hill End attacked strongly but were unable to pierce our defences, our backs being now sure of their mashie-shots? K. Harrison scored a good goal for Bart.'s, and after some wild play in midfield by both sides K.O. was kind enough to stop a certain goal for Hill End with his knee. Tough people, these Chinese! The game ended in a narrow win for Bart.'s. Tea and light refreshments were partaken by some of the team, and the last train back to town was just caught.

NEW BOOKS

Pathological Histology. By Robertson F. Ogilvie, M.D., F.R.C.P. With 220 Photomicrographs in colour by T. C. Dodds, F.R.P.S., F.I.B.P. (E. and S. Livingstone. Price 27s. 6d.)

The usefulness of this book becomes obvious on first glancing through its pages, more of which appear to contain illustrations than contain text. It follows many Pathological text-books in arranging its matter in two sections: First come chapters on general processes—degeneration, inflammation, repair, etc. The second part is devoted to the special diseases of the systems. Side by side with each microscopical description, which is amplified by a short macroscopical account, are these beautifully coloured photographs, which are so realistic that they will make the revision of Pathology from actual slides—in practice usually so fraught with pitfalls as to be extremely tedious and discouraging—an absolutely practical proposition.

The fact that such a book, so profusely and expensively illustrated, has been produced at a very reasonable price, shows the popularity which its publishers expected it to receive and which it most certainly deserves.

Minor Surgery. By R. J. McNeill Love, M.S., F.R.C.S. (H. K. Lewis & Co., Ltd. Price 5s.)

Written as a guide to hospital residents and general practitioners, this volume of 360 pages is also a valuable source of information to the student while studying surgery, the first third of the book giving him an excellent introduction to the subject of surgery in general.

It is always difficult to decide what falls into the category of "minor" surgery, but we consider that this volume covers the subject as adequately as possible, dealing with the elements of general surgery in the first 135 pages, and devoting the rest to a consideration of the methods employed in minor surgery. Included in the volume are chapters on bandaging, the genito-urinary system and fractures and dislocations, while the closing chapter, though of necessity brief, gives a well-planned outline of the various methods of Anaesthesia.

Though this volume is not very profusely illustrated, what illustrations there are are clear and easily understood, while any loss implied by this deficiency is amply compensated by the clarity of style employed in the text.

Printed on paper of excellent quality, with good photographic reproduction and well bound, this book is a valuable addition to the literature already available for the study of the subject.

Thomson and Miles' Manual of Surgery. By A. Miles and D. P. H. Wilkie. Ninth Edition. (Oxford University Press. 2 vols. Price 21s. each.)

The last edition of this text book was published in 1931, which possibly explains why it is not as well known as some other works on Surgery. The revision had been planned by that great teacher, Sir David Wilkie, who died before it was completed. Much of the book has been re-

written according to modern ideas, especially the sections dealing with the Central Nervous System, in the Surgery of which revolutionary changes have taken place during the last eight years. Excellently illustrated and set out, the book is yet another of the achievements of the Edinburgh School, whose members have paid, by the trouble with which they have compiled it, a lasting tribute to the memory of Sir David Wilkie.

EXAMINATION RESULTS

M.R.C.S., L.R.C.P.

January, 1940

Chisholm, J. K.	Pritchard, J. J.
O'Callaghan, M. D. M.	Jamison, H. M.
Miller, C. F.	Cuddon, R. B. J.
Heathfield, K. W. G.	Latham, P. R.
Mullan, J. F.	Manning, J. D.
Karn, H.	Grant, D. S.
Whitmore, H. B.	Atwill, J. A.
Walker, A. J.	Orchard, N. P.
Macpherson, R.	Sutton, M. G.
Rees, E. H.	Evans, W. J. G.
Nicoll, E. de V.	Brenner, J. J.
Lopez-Garcia, L. J.	

BIRTHS

ANDERSON.—On February 3rd, 1940, at 5, Pittville Crescent, Cheltenham, to Beryl (née Anderson), wife of R. G. Anderson, M.D., M.R.C.P.—a daughter.

BOHN.—On January 12th, 1940, at 7, South Drive, Sonning, Berks., to Freda, wife of Gordon Bohn, a daughter.

WARD.—On January 8th, 1940, at the Nursing Home, Lelant, Cornwall, to Pamela (née Tooth), wife of Surgeon-Lieutenant F. G. Ward, R.N.V.R.—a son.

GOLDEN WEDDING

DUNDAS-GRANT—FRITH.—On January 16th, 1890, James Dundas-Grant to Helen, daughter of the late Edward Frith, of Putney.

DEATHS

GARRATT.—On February 8th, 1940, at Corner Cottage, Singleton, George Campbell Garratt, O.B.E., M.D., son of the late Rev. C. F. Garratt.

GRIFFIN.—On February 8th, 1940, at 38, Gunterstone Road, W.14, Frederic William Waudby Griffin, M.A., M.D.

MASON.—On January 24th, 1940, at a nursing home, Carlisle, John Mason, M.D., J.P., late of Windermere and Cross-in-Hand, younger son of the late Thomas Mason, D.L., J.P., aged 83.

NETTELFIELD.—On February 1st, 1940, at St. Bartholomew's Hospital, Hill End, St. Albans, William Herbert Nettelfield, M.R.C.S., L.R.C.P., of Wingham, Kent, dearly loved husband of Madge Nettelfield, aged 40 years.

POLLOCK.—On February 12th, 1940, at Weybridge, Aubrey Keatinge, Halliday Pollock, M.R.C.S., L.R.C.P., D.P.H., husband of Ethel Mary Pollock.

SQUARE.—On January 26th, 1940, at Brixham, Dr. William Russell Square, late of Plymouth and Thurstelstone.

TOLLER.—On January 26th, 1940, very peacefully, at Widmouth Berryarbor, Devon, Charles William Edward Toller, M.D., in his 81st year.

WORTON.—On January 31st, 1940, after an operation, Albert Samuel Worton, M.D., F.R.C.S., of 1, Queen Anne Street, W.1, and Darley Dale, Hadley Wood.

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